

Accessibility Services

saskpolytech.ca/accessibility



Verification of Disability Request Form

To the licensed health care professional: This form will be used to assist in determining eligibility for academic accommodations, support services, and financial supports for studies at Saskatchewan Polytechnic. Please note that Specific Learning Disorders/Disabilities and Intellectual Disabilities must be diagnosed by a Registered Psychologist with an Authorized Practice Endorsement.

Forms containing incomplete information or diagnosis will not be processed.

To be completed by the student:

Name: _____ D.O.B.: (DD/MM/YY): _____
Email: _____ Phone: _____
Program: _____ Campus: _____

Student Consent to Release Information:

I, _____, authorize the qualified medical practitioner to provide the following information to Accessibility Services at Saskatchewan Polytechnic and, if required, to supply additional disability related information. I authorize Accessibility Services at Saskatchewan Polytechnic to contact the licensed health care professional to discuss accommodations for my studies.

Student Signature

Date

Please contact Accessibility Services should you have any questions or concerns:

Moose Jaw Campus

Room 2.203
Ph 306-691-8311
Fax 306-691-8583

Prince Albert Campus

Room F203
Ph 306-765-1611
Fax 306-691-8583

Regina Campus

Room 228
Ph 306-775-7436
Fax 306-775-7700

Saskatoon Campus

Room 114
Ph 306-659-4050
Fax 306-659-4133



as.forms@saskpolytech.ca

Additional information related to providing supports and accommodations for this student:

Is this student capable of sustaining typical academic stress with appropriate supports in their current condition?

- Yes No

If NO, please provide further explanation: _____

Licensed Health Care Professional Information:

_____	_____	_____	_____
Printed name of practitioner	Telephone	Fax	
_____	_____	_____	_____
Street Address	City/Town	Province	Postal Code
_____	_____	_____	
Signature of practitioner	License Number	Date signed	

Professional stamp (attach business card when not available):

Professional Designation of Certified Assessor:

<input type="checkbox"/> Physician	<input type="checkbox"/> Ophthalmologist / Optometrist
<input type="checkbox"/> Neurologist	<input type="checkbox"/> Psychologist
<input type="checkbox"/> Audiologist	<input type="checkbox"/> Psychiatrist
<input type="checkbox"/> Neuropsychologist	<input type="checkbox"/> Other (please specify):
<input type="checkbox"/> PT / OT	